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CLINICAL NOTES.

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RHEUMATIC FEVER.—Case I.—Miss M., aged twenty years; of light complexion and hair; sanguineo-nervous temperament (the nervous, perhaps, predominating); had not been in good health since the age of fifteen, and was inclined to epileptiform seizures. On the fifth of May, I found the pulse small and compressible, beating 108 times in the minute, and the cardiac sounds normal; an anæmic thrill, however, indicated poverty of blood and irritable heart; her tongue was slightly coated and white, but moist; she complained of epigastric oppression, anorexia and thirst for acid drinks, with occasional nausea; the alimentary canal was in a normal condition and the urine not scanty, but occasionally red, and voided with intermittent contraction of the bladder; severe headache extended over the forehead and toward the vertex; the feet, ankles, and legs nearly to the knees were slightly swollen, very sensitive to the touch, and intolerant of motion; the skin presented a mottled, purplish appearance, which was unaffected by pressure with the finger; a deep-seated pain, as if along the principal nerves, with a general burning sensation, affected the whole limb; there was well-marked objective heat, but the subjective sensations were those of occasional chilliness, general restlessness and inability to sleep.

I ordered a liniment to be applied on flannel to the affected limbs, containing half an ounce of chloroform and glycerine, and an ounce of the tincture of camphor, which, by 6 P. M., had produced much relief. The skin of the patient seemed of a natural hue, but considerable fever

remained, with increased cephalalgia. I therefore directed her to take two grains of quinine every three hours during the night, and applied the liniment to the pit of the stomach and forehead, with marked temporary relief.

She rested well during the succeeding night, and I found in the morning that she had had no fever, and that the pulse was soft, full, and beating 100 times per minute. The limbs were less painful, and an enema had induced a moderate stool. The quinia was continued and lemon-juice ordered, while solid aliment was forbidden in consequence of the anorexia. No fever existed during the day, but slight cinchonism had occurred from taking sixteen grains of quinine. Her pulse was full—108 beats. I suspended the quinia and continued the embrocation.

She slept but little during the next night and complained of pain in the limbs, and about the hip joints and pelvic region, with nausea, feeling of faintness, and great desire for acids. I gave her ten drops of aromatic sulphuric acid in one drachm of compound tincture of gentian every three hours. At 6 P. M. there had been no fever; she was generally more comfortable, but could not take the medicine last ordered. Chicken soup was given every two or three hours during the night, and the liniment was used freely without further medication. Her limbs were much more swollen and painful on the next day, and she had had but little sleep. I ordered two and a half grains of the iodide of potassium and one twenty-fourth of a grain of sulphate of morphine to be given in pills every two hours, and substituted tincture of arnica for camphor in the liniment, which was still to be applied freely. Raw oysters were supplied as food. On Friday at 8 A. M. the patient was very much better and without pain, though a little soreness remained in her limbs. She had slept one-half of the night, and was faint at one time when port wine in small quantities procured relief. She had also had two or three severe paroxysms of hiccough and occasional epistaxis—a symptom which had occurred several times daily since I first saw her; her pulse was ninety-six and very soft; her tongue cleaner, and there was more desire for food and lemons; the latter produced no gastric uneasiness; the wine and food were continued freely and the pills given every four hours. On Saturday, at 9 A. M., she was suffering but little and had rested well; an enema had been followed by a stool; her pulse was eighty-five; her tongue cleaning, and the urine satisfactory. During the night she slept some, but was disturbed by frightful dreams; anorexia, cephalalgia, and mental depression remained, with sobbing and a "terrible feeling." I enjoined perfect rest and the ingestion of but little food, with small quantities of wine. At 6 P. M. she had slept nearly all day, and complained of soreness in the hips and inguinal region; her bowels moved spontaneously; her pulse was quite full, but soft, and about ninety; her tongue cleaning, and showing a smooth, red appearance in the middle, which is not unusual in nervous fevers. One pill was ordered at bed-time and beef tea occasionally during the night, with continued use of the embrocation. On Sunday, at 9 A. M., I found she had

slept during the night, and had more desire for food; she said that she began to feel better, but toward morning she had the "petit mal;" the bromide of potassium was given with a pill of the oxyd of silver. On Tuesday, the 13th, she stated that she had sat up four hours during the previous afternoon and had slept well during the night; her appetite was returning; there had been a motion of the bowels and the white coat was disappearing from the tongue, except at the edges; still a raw beefy surface could be seen in the centre; her pulse was full and about ninety; her countenance showed less anxiety, and she complained but little of soreness in the limbs. On Wednesday, at 9 P. M., there was less pain than usual; her pulse was ninety, and soft, but tolerable full; she had slept well and could rise from bed unaided; her bowels moved once, from an enema, and her tongue was nearly free from the white coat, but still very red. On the 15th, at 1 P. M., I found she had slept during the night, but had had more pain and soreness in the muscles since morning; there was left some facial pain from a carious tooth; there was also thirst, increased heat of surface and a pulse beating 100 per minute; the potass pills and the other remedies were resumed. On the 20th, there was less muscular pain, but considerable suffering from soreness of the gums and edge of the tongue on the left side, and about the third molar tooth of the inferior maxilla; her tongue was covered with a thick white coat; her pulse beat at about eighty per minute, but was soft and regular; indifferent appetite for a few days had yielded to a desire for eggs and beef tea, which she seemed to relish; with the exception of extreme tenderness of the mouth she seemed quite convalescent; two of the pills at intervals of two hours produced sleep; her stools were normal; one grain of the sulphate of quinine was given every three hours, and the bromide of potassium and oxyd of silver continued. She had a good night on the 21st, and complained of no pain except in the jaw; liquid food was administered, as she was unable to masticate anything solid; the bromide of potassium and quinia were now suspended. She slept on the night of the 22d, but became much nauseated about 10, complaining of extreme faintness; her tongue became flabby and exhibited no coat, but the redness had disappeared; her pulse was feeble and slow; but little nutriment had been taken; chloroform liniment was applied to the pit of the stomach, and a few drops of chloroform were followed by small quantities of brandy with milk, internally. Two grains of the citrate of iron were ordered three times daily, and she soon became easier. After some sleep she felt better than she had for two or three days. The bowels moved quite freely on the night of the 22d, from an enema. She slept well on the night of the 27th; her tongue assumed a more natural hue and her pulse was normal in frequency and force, except that it was softer than in health; her bowels moved spontaneously and there was some return of appetite; she took brandy and milk, with fruit and toast, for two days, and was driven out on the 24th, feeling much refreshed afterward; the citrate of iron, which had thus far been tolerated, was continued, and also the oxyd of silver;

there were some indications of the menstrual molimen during a part of the last week; it was the regular time for its recurrence, but for obvious reasons it might be deferred to any date before the end of the ensuing lunar month. On the 28th, she was much improved, and could sit up for a part of the day; the citrate of iron, pills and oxyd of silver were continued, with a caution as to exercise. Further visits were discontinued.

February, 1874.—This young lady has been subject, for some years, to an affection which was variously diagnosed by different medical men, but it is probable that the paroxysms were reflex in their origin, the uterine function being at fault. The physician under whose charge she had been for a year or more, prescribed bromide of potassium and bromide of ammonium, with oxyd of silver. The paroxysms were evidently epileptiform, and it was thought she had been improving for some time before this illness occurred.

The spasms occurred, generally, during sleep, and were so short that even the family seldom had a full opportunity of observing their commencement. Still, though she had been thus affected for four or five years, no evidence of impaired memory or any mental faculty, was evident. After convalescence had become established, I learned that the menses came on a few days before I was summoned, but were suspended after a few hours, in consequence, as she said, of her sitting down upon a cold floor while assisting in putting down a carpet. "Everything stopped suddenly." This circumstance, undoubtedly, was a principal cause of her sickness, or certainly, of the "nervous" phenomena. The pain and soreness of the limbs indicated a rheumatic condition, sometimes denominated muscular, and known, a few years ago, as rheumatalgia. The mottled hue noticed in the skin of the lower limbs, was suggestive of purpura, and I was reminded of this case, while reading, lately, in the *Compendium of Medical Science*, (Jan., 1874,) the details of a case given by Dr. Louis A. Duhring, of Philadelphia. Such may, perhaps, be properly classed with the "purpura febrilis simplex," of Wilson.

It is difficult, however, to give names to the different affections encountered in daily practice, and we must recognize pathological conditions, rather than any system of nomenclature which may be adopted.

The menses did not recur until about eight weeks after the time of attack; and it is proper to note, in this connection, that much of the sickness of young females, as well as those of riper years, is due to inattention during, and immediately preceding, the catamenial flow. American women are truly careless of their health. Some may attribute this to want of care on the part of mothers, but is it not true that mothers themselves are careless of their own health, and thus offer a bad example to their daughters? "Died of thin shoes and insufficient dressing," might be the verdict in thousands of cases all over our land. Women are too prone to walk the streets at all seasons, with a covering for the feet which no man, however unwise he may be in other respects, would think of wearing.

Case II. I visited with Dr. D. T. Boynton, a young man aged about thirty, of bilio-nervous temperament.

He had had, for some weeks, a fever attended with rheumatic pains in the knees, left shoulder and middle of the arm, but no noticeable pricking or numbness in the hand or fingers. His medical attendant stated that the pulse has not been over 100 more than two or three times. His bowels were irregular; urine red, but free, and, at times, copious.

His pulse was 100 when first counted, but soon diminished in frequency to 84. His tongue was slightly furred at the base, but from the middle to the tip it was of a bright red color, and smooth and moist in the whole extent. He suffered severely at night with pain in all the affected joints, as well as in the left side of the chest. He was somewhat thin in flesh, with rather an anxious countenance, and had taken iodide of potassium with bicarbonate of potassa laxatives, and deodorized tincture of opium. For a day or two he had also taken tincture of guiacum in small doses. I suggested the application of belladonna plaster to the cardiac region, if the pain should continue. The cardiac impulse had been considerably increased, but both sounds were distinct. The heart-beats were plainly audible as high as the second rib. There was no cardiac enlargement.

On the 13th of June, this young man was still unable to go out of doors, and suffered much from arthritic and muscular pains. His treatment had been palliative and expectant.

On the 15th, he was able to walk out without his crutches. In this case there was no syphilitic history, but at times the patient had been dissipated, and probably intemperate.

Case III. Irritative cough, with pleurodynia.

May 16, 1874. Miss——, of bilio-nervous temperament, possessed, generally, a good physical condition, but had suffered severely at times from dysmenorrhæa, with cough, which distressed her about five days ago, but which had not compelled a cessation from her daily duties.

On the 14th, she began to feel extreme soreness across the chest, attended with slight hoarseness. The morning before, she began to feel a severe pain in the left sub-axillary region, aggravated by pressure or motion, with the subsidence of the general chest soreness, which had yielded to some remedies directed to the chylopoetic function. On auscultation, it was found that no pleural or pulmonic affection existed. The pulse was normal in frequency and volume; no fever existed, and the case plainly appeared to be one of pleurodynia, or, more properly, a rheumatism of the intercostal muscles. I prescribed an application of aqua ammonia, spirits of camphor and olive oil, with one grain of sulphate of quinia, every four hours. Alternately with this I ordered one drachm of sweet spirits of nitre and half a drachm of syrup of ipecac, and a pill, to be taken at night, containing one grain of blue mass, two grains of compound extract of colocynth, and one-fourth of a grain of the extract of nux vomica. She was instructed to remain quiet in bed.

On the 18th there was some relief, but the pain in the side was still felt on taking a full breath, or turning quickly. A liniment was added to the treatment described.

On the 21st, the pain was much relieved, but some cough remained,

with sore throat. The pharyngeal mucous membrane was congested, and on each side white patches of ulceration were evident. I applied a strong solution of nitrate of silver by means of a sponge, and directed a gargle of carbolic acid, with quinine, iron and strychnine, internally, twice daily. Laxatives were employed for the bowels.

On the 1st of June, during the hot weather, the patient complained but little of the pain in her side. The soarness of the throat was rather persistent, but gave her little trouble. There has been, at times, severe cephalalgia, which readily yielded to ten-drop doses of the fluid extract of ergot, taken every two hours. No more than three doses were required at any one time to entirely relieve this symptom.

On the 12th, she complained of some pain and uneasiness in the side, which was attributable to a change in the weather.

By the 10th, there had been an unusual hot period for a week or more, especially during the first hours of the night, which rendered sleep difficult. After a series of showers for three days, a cool breeze sprang up from the north-west, which, while it was refreshing, endangered a relapse of rheumatic pains in those who had suffered during the spring months.

Rheumatism, although very prevalent in this locality during winter and spring, has been of much more frequent occurrence since January last.

The above cases are reported in illustration of the constitutional disturbance attending the disease. Cases I and III are those of persons whose surroundings were favorable to health; that is, necessity did not compel any undue exposure to cold or damp. The spring of 1873 was later than usual, but not more so than that of the present year. Among the colored population, and the poorer class of whites, there has been a prevalence of rheumatism and neuralgia, almost unprecedented in the history of this region.

Among adult females there has been an unusual suppression of the menses, induced by exposure to the wet and chilly weather. Two deaths occurred during the spring, of strong adult negroes, from cardiac disease following rheumatic attacks. One, a man over fifty years old, after complaining of pain in the knees and joints for some time, was suddenly attacked with pericarditis, followed by effusion. Anasarca soon succeeded, and the patient survived eleven days. The other lived but a few hours.

June, 1874.

EDITOR OF THE MEDICAL EXAMINER:

Dear Doctor: Will you please correct an important misprint, which occurs in your issue of July 15th, 1874, page 353, line 13? I am there made to state that a certain patient took one-half a grain of sulphate of strychnia three times a day, etc. It should have read, one twentieth of a grain.

I ask this correction for fear that some one, with more faith in drugs than judgment in their use, may be tempted to try this extraordinary dose.

Yours truly,

E. F. INGALS, M.D.,
34 Throop St., Chicago.

July 19, 1874.

A REPORT ON SOME OF THE CUTANEOUS DISEASES.

READ BEFORE THE MILITARY TRACT MEDICAL ASSOCIATION, JULY 14, 1874.
BY HIRAM NANCE, M. D., KEWANEE, ILLINOIS.

MR. PRESIDENT AND GENTLEMEN OF THE MILITARY TRACT MEDICAL ASSOCIATION: To give you a full report on this branch of Practical Medicine would take a volume, and more than occupy the whole time allotted to the short sessions of our Society. And, consequently, I find it useless, and shall briefly call your attention at present to one class of diseases that have been sadly neglected by our profession. I allude to *diseases* of the *skin*. In fact, there is no class of diseases in the whole catalogue of medicine that is studied with less interest, and more abhorred by the student, with the exception of diseases of the eye, than cutaneous diseases. It seems that dermatologists, and teachers of ophthalmic medicine, in the embryonic stage of medicine, managed to place before their students the most perplexing and difficult nomenclature that could possibly be studied out; and this nomenclature, unlike the beautiful system of naming in chemistry, has been handed down to us moderns to puzzle our wearied brains over. Where is the medical student that can easily remember the diagnosis, or even the general symptoms of eczema, erythema, ecthyma and entozoa? And let me say to you (with humility) that there are few general practitioners that can readily give you the diagnosis between porrigo, impetigo, and psoriasis, or even prurigo, and scabies. And yet some of those belong to the class *squamous*, and some to the *pustular*, and one to the *animalcular*.

Some of our recent dermatologists, including Wilson, Neligan, etc., have done much to simplify our science by handing us plates of almost every skin disease, colored, and in atlas form; but this beautiful design is far below reality, and the practitioner, with the real disease and the photograph before his eyes, could hardly tell they were meant for the same. With these facts before us, shall we continue groping our way, not being able to diagnose, nor consequently treat our patient successfully? There is no class of diseases that will more readily bring reproach upon our beloved profession than the one we are now considering; for the trouble is not hidden as in ordinary diseases, but is plain to the sense of sight and feeling, and any unlearned person can easily see whether there is an improvement or not. The empyric rarely advertises that he is alone treating cutaneous affections. He prefers looking after more occult diseases that the public cannot so readily diagnose, by which he can deceive and draw his unearned money. Now, gentlemen, if you want to maintain the integrity and high standing of our profession, I would call you especially to look after this branch of medicine. I have felt my incompe-

tency often in treating skin diseases; not that I did not diagnose my cases usually correctly, but that when I did, I found that our remedies are often useless, and even sometimes aggravating. What will one time cure psoriasis, another time will utterly fail; what will at one time remove every vestige of porrigo, at another time seems to give life and vigor to the disease. With these assertions and facts before our eyes, look well to your cutaneous patients before giving a prognosis, and then give it very gradually. Some of those cutaneous diseases are really incurable so far as our science at present extends; but there are but few of them but what can be much ameliorated by a wise and judicious treatment. If we are thoroughly versed we can readily give our opinion to our patient, and thereby save him from much anxiety; for should we give a prognosis that he would be well in three months, and the disease continue six months or a year, it would not be likely that he would in future place much confidence in our medical judgment, and that our services would be entirely dispensed with. We humble ourselves and the profession enough by saying that the disease is stubborn and unyielding, and it may take weeks, months or years, and may be entirely incurable. But if we diagnose correctly, we can give just such an opinion, and it will prove in the end correct.

I beg to briefly call your attention to a few of the most common of this class of diseases. And first I will mention *pityriasis*. This is one of the *squamæ*, and is characterized by an abundant secretion of minute white shining scales, the patches occurring on all parts of the body and limbs, and varying in color from dark brown to a yellowish hue. Some authors divide it into three or four varieties, calling it *pityriasis rubra*, *pityriasis nigra*, and *pityriasis versicolor;* but this division can be easily dispensed with, and the division brought down to *pityriasis diffusa* or general pityriasis, and *local pityriasis* or *pityriasis capitis*. Wherever found this disease always has its peculiar diagnostic marks, and the dermatologist need not have much difficulty in his diagnosis. It is characterized by itching and tingling; is not contagious; so you rarely see more than one patient in a family suffering from it. The constitution rarely suffers from it, although it is wont to run a very chronic course. It may occur on any part of the body, but I nave found it as general on the legs and arms as on the chest, or all around the thorax. The spots usually come out with a reddish appearance, with a burning tingling sensation, and in a few days fade to a yellow or dark stain, and then accompanied with its peculiar small scales. These continue from day to day, from week to week, and sometimes from year to year, being almost entirely unyielding to treatment. The above description is as you usually find it on the surface of the bare skin uncovered by hair. It is diagnosed from psoriasis by the fineness of the scales, and by the spots usually not being so large, and by its usually spreading so much more rapidly; by the great change in the color of the skin, and by its being rarely elevated above the surface, and also by its almost continued pruritus. It need not be confounded with eczema, nor ichthyosis; for any medical man giv-

ing skin diseases any attention at all could easily tell the difference. *Pityriasis capitis* might be more difficult to diagnose, for we frequently find it existing on the scalp, when there is not a vestige of it on any other part of the limbs or surface of the body. When it occurs on the scalp you will not find a sign of ill health. The patient's attention is called to the disease from its continued itching, unattended with any heat, burning, or redness of surface, and on examination we find a secretion of furfurraceous scales, called in common language *dandruff*. This itching with many persons is almost intolerable; the hair sometimes comes out and leaves the surface bare, and the hair becomes dry and crisp, and Dr. Neligan says baldness may result, but this is only temporary, except in old persons. I now have two patients under my care, one with general pityriasis, and the other from pityriasis capitis—the former only recently under treatment, and is on pil. hydrarg. and saline purgatives once every three or four days, and from twelve to fifteen drops of Donovan's solution. Locally I am using a wash of one-half drachm of carb. potass. to one pint of water every morning, and when dry, sulphur ointment on all the patches. As the disease involved the scalp, as well as the general surface, I had the hair cut short and the same applications made to it. The treatment has not been continued long enough to show the result. The other case has been under treatment for several months, and is entirely confined to the scalp; patient perfectly well every other way. I have only used local applications, and every remedy I use seems to relieve, but none seem to cure. She has been directed to use bichloride of mercury in a solution of from three to five grains to the ounce, carb. potass. wash, and various ointments containing calomel, camphor, glycerine, etc. Should the case continue I will place her on the arsenic treatment, and also sulphur or lead ointments, or, as Dr. Fraser recommends, a weak solution of tannin in glycerine. Last winter, I had a case in a man aged about forty-eight. I placed him on Donovan's solution and used as a local application aqua rosa combined with chloroform. This acted like a charm, and I only had to renew the treatment once until my patient was cured. While this case yielded so readily, my other cases had not been so fortunate.

Your attention is called, secondly, to another disease, classified among the *squamæ*, and of equally frequent occurrence as pityriasis, which is as difficult of treatment and perfect cure. I refer to *psoriasis*. The outlines and general appearance of psoriasis are so well marked that no physician making any pretense to the understanding of cutaneous diseases need err in a diagnosis. There is but one disease that the uneducated physician or student would at all be likely to confound with it, and that is the one just passed over. Psoriasis in common language is called dry tetter—*dry scale*. And many women will call to see you and say they have *salt rheum* on their hands and fingers; this latter is only a variety of psoriasis, but yet it comes under that head. As most commonly seen on the limbs and body you will find irregular spots, varying in size and shape, and covered with scales of a bright and shin-

ing appearance, and about the size of a bean. The spots are depressed in the centre, but elevated at the edges. But as the disease advances these spots coalesce and become confluent, and run into one mass of scales, and then the usual redness that is seen in its formative stage disappears. We now have patches varying in size of a dollar to a whole surface of one or both legs. Or, instead of a limb being occupied by it, you may find a patch of the size of the palm of the hand on the shoulder, another on the arm, and so scattered all over the cutaneous surface. The diagnosis of psoriasis, as I before remarked, is comparatively easy, for the surface is covered with scales, and it is rare, if ever, you find any oozing of a serous or sero-purulent discharge as you find in eczema, herpes, or lichen, and there is not that itching and burning that you find in any of those diseases. It stands prominent as a squamous or scaly disease, and I cannot fix your minds more permanently upon it than by telling you that in my early practice I was called to see a man, aged about forty or forty-five, who informed me he was suffering under an incurable disease, and had been treated by a number of English physicians, none of whom had benefited him in the least. The disease was principally upon his legs—and before exhibiting them to me, I must tell you he was in his parlor, but in this parlor his young stock of poultry were not excluded, but were commoners over the whole house. On rolling up his pants and gently rubbing the surface the scales fell like flakes of fine snow. The chickens seeing them, ran for the coveted prize, and devoured them as if they were the most choice morsels. This case was immediately placed on saline laxatives; good diet; Fowler's solution in ten-drop doses three times a day, the surface to be well cleansed and the *ung. picis liquidæ* applied every night. This treatment acted charmingly, and I had the satisfaction of believing my patient cured. I knew him several years after and never heard of a relapse. As a general rule I think this treatment is a good one, and if sufficiently persisted in, will wholly effect a permanent cure. But when psoriasis occurs alone on the palms of the hands, on the fingers, on the nails, and between the fingers, it seems to be an entire different disease, and I don't know the correct classification; for if we are fortunate enough to cure it on the hands it is almost certain to return the next winter. Sometimes I cure this *psoriasis palmaris* with an ointment of ammoniated mercury; sometimes with ung. hydrarg. nit.—tinct. iodine—and I have found one drachm of sul. acid to one or two ounces of water occasionally applied very beneficial. The hands should not be placed in water often. One case confined entirely to the fingers I removed entirely by bandaging and applying cold water; the treatment was continued several weeks, but I think there was no relapse.

My report must necessarily be brief. So I leave *psoriasis* and call your attention to *sycosis* or *mentagra*, so called from its being wholly on the chin. It is a disease of a parasitic vegetable production, always occurring on the parts of the face where the beard grows, and seeming to commence at the roots of the beard with round papular elevations, with a dry grayish scurf. This continues until

scabs form; the surface becomes rough, uneven, and the appearance becomes hideous; the scabs loosen; then we have blood and sanious pus, and when the parts heal it leaves reddish stains; when these scabs have loosened, in a brief time the surface again becomes rough, and a repetition of maturation and decline is the result; and so the disease, without proper remedial measures, will continue from month to month and from year to year. *Sycosis* is decidedly a contagious disease, but fortunately women are exempt, for they are not troubled with that hirsute appendage so much admired by them in the opposite sex. I think nearly, if not quite all cases, are produced by persons frequenting barber shops, and being shaved by razors having been used on persons contaminated with this loathsome and horrid malady. The *diagnosis* is not difficult. I cannot see how any intelligent physician can err if he gives the necessary attention to his patient. He may mistake it for syphilitic eruptions, but these he will not find confined to the chin and parts covered with beard. And there is not the copper-color and elevated edges that are found in syphilitic eruptions. It certainly cannot be mistaken for empetigo or ecthyma, and even should it be, the treatment would not materially differ. But a grave error would be committed in the former case, for syphilitic troubles should have the prompt advantage of mercurials. I have rarely found much difficulty in treating *sycosis*. The patient is usually suffering under some derangement of the digestive organs. And in one or two instances in my practice young men have came to me, having a hypochondriac appearance, seeming as if they were on the verge of mental derangement. In such cases I always find torpidity of the liver and other chylopoetic viscera, strongly demanding a combination of mild mercurials, pulv. rhei., and the usual vegetable tonics. The bowels should be moved once or twice a day by such laxatives, and the tonic given at least three times a day before every meal. Under this treatment, with a judicious regimen, you will find your patient's general health very much improved in a week or ten days, and then I place him on Donovan's solution, in from ten to eighteen drops after every meal, and thus continue him for months if necessary. I have rarely found it necessary to use a variety of local applications. The one that I usually prefer is an ointment composed of simple cerate, calomel, acetate of lead, and chloroform. This should be applied once or twice a day, and before making the application the chin and face should be gently sponged over with milk and water, or a mild solution of acetate of lead. The razor should not be allowed to touch the face during the treatment, for it would aggravate the healing process which may be established by our remedies, and all soaps and irritating cosmetics should be sedulously avoided. How very necessary it is to understand the pathology and treatment of such a repulsive disease in its infancy; for we are told that sometimes it becomes irremediable. And I cannot but feel happy, that with all the repulsiveness, hideousness, pain and general distress that our patients suffer under, we have remedies that, if judiciously applied, will remove every trace of this loathsome malady. As *sycoris* is

very liable to return after every vestige of the disease is removed, we should not relax our treatment too hastily, but continue the treatment for a month or two after it has apparently all been eradicated from the system.

My duty is not done in this case until I urge upon every member of our Society the importance of guarding the inexperienced who frequent the barber's shop not to be shaved with contaminated razors. And the the barber who thus inoculates his patron should be held responsible for all the suffering brought upon him. When sycosis has been permitted to continue for a great length of time the patient loses his beard in spots, never to be regained; and these lost patches are also partially changed in color, giving the countenance a very peculiar and homely appearance.

Having given you the outlines of *psoriasis* and *sycosis*, I now hastily direct your attention to a disease that is of not unfrequent occurrence. I refer you to *porrigo*. *Porrigo*, also called in common language *scald-head*, and by the profession *tinea capitis*, is one of the grave cutaneous diseases, for its duration is of indefinite time. Probably no disease affecting the cutaneous surface causes more alarm among the mothers of the affected children than *porrigo*. Tell the mother that her child has *scald-head*, and she is frantic; for the public have learned just enough to know that it is stubborn to our remedies, if not in some instances incurable. But, gentlemen, I take no such unfavorable view, but claim that nearly every case is amenable to a very simple treatment if persistently applied. Porrigo is easily diagnosed, but let me say that it is not entirely confined to the hairy scalp, but you not unfrequently find it making its appearance on the neck, and down on the back. It is usually developed in small elevated dry spots, which grow larger and larger, and coalescing, run into a crust, and then into irregular masses, spreading all over the scalp, forehead, down the neck, and sometimes down over the trunk, the whole parts being covered in one honey-comb-like yellow mass of disease. The color is yellowish, and the scabs hard and dry; they break up in a meal-like substance, but when removed they usually bleed, and leave a sore surface beneath. The hair becomes diseased, short and crisp; much of it falls out, leaving a straggling one here and there; bald spots are not unfrequent, and this baldness usually remains permanent. It is truly pitiable to look upon the disgusting little object before us when in this condition; but when we feel a confidence that remedies, if properly applied, will cure, then it is we take courage, and feel that our mission as members of the healing art is of much value. Porrigo, I said, was not difficult of diagnosis, but it may be mistaken for *herpes capitis*, but this would not be a serious error, for the same treatment would cure either one. I have been in the habit of treating porrigo with two or three kinds of external remedies, and always, if persistently continued, have I been richly rewarded with a cure. My internal remedies have always been the same. Locally, I order the hair to be cut as short as it possibly can be, and kept in this condition throughout the long continued treatment. If the head is covered with crusts, order linseed meal

poultice to be kept on during the the night. Next morning remove the poultice and wash the head with a solution of carb. pot., one teaspoonful to one pint of soft water; then apply freely *ung. picis liquidæ*, and continue this treatment every day or every other day for several months. If upon thorough trial I find my treatment not succeeding, I change and wash the head with castile soap and soft water every third day; then apply a solution of twenty or thirty grains to the ounce of nitrate of silver. Either of these local treatments, if persistently carried out, will reward you with a cure. I omitted to say, that after the application of the silver solution, when the surface becomes dry, that I have the nurse apply the *ung. hydrarg. nitratis.*

Porrigo, when of long duration, leads to serious ill health, and I have frequently seen my little patients come to me with a vacant, idiotic stare, showing that the brain and general nervous system was seriously affected, leading to a state of almost, if not quite, dementia. This being the true state of the system, a constitutional treatment is imperatively demanded, and I place my patient on mild alteratives, tonics, etc., to invigorate the system, and, amongst these remedies, I know of none better than iodide of arsenic in from one-tenth to one-twelfth grain doses to a child ten or twelve years old, and proportionately less for younger persons. Or, instead of the iodide of arsenic, I believe Donovan's solution in drops from four to ten is of equal value. Should the bowels become torpid give hydrarg. cumcreta with small doses of pulverized rheum and magnesia.

Porrigo is of a *mycelium* or *vegetable fungus* origin, and only wants the right kind of soil to develop itself in and grow prolifically; and if any of the particles of fungi are transmitted to the right soil, contagion by inoculation is the result. Young people, especially children under ten or twelve years of age, are the persons usually affected, but older children, and even adults, have been known to contract the disease. The most assiduous care should be taken in schools, and places where children congregate, to prevent any source of contagion. Children should never use the same comb, towel, wash-basin, bonnet, hat, or any other thing worn by the diseased, for infection is almost sure to follow. Neither should children of the same household be permitted to sleep in the same bed or lounge, for the *fungi* or *mycelium* left on the pillow would readily communicate the disease to the ones thus exposed.

For fear of making my paper too long, I lastly call your attention to *herpes*. Herpetic eruptions occur so frequently and under such a variety of forms that it requires quite a dermatologist to keep trace of them—so named by the ancients from *serpo, I creep*. The general features of herpes, no matter where occurring, have certain outlines that can easily be distinguished, with the exception of *herpes capitis*. This latter bears such a close resemblance to *porrigo scutulata*, that I must say few physicians would commit much of an error in pronouncing the disease the same; yet the circular-like form of herpes capitis would be a good diagnostic mark. You will diagnose this disease by its making its appearance in from twelve to twenty-four hours

from the time the first symptoms make their appearance in the cutaneous surface; patient feels a burning and tingling sensation in the parts to become the foci of irritation; the surface becomes red and inflamed, and then on this red surface the eruption of minute vesicles appear, and rapidly grow to the size of *bullæ*, especially in the variety called *herpes zoster*. *Herpes* occurs in so many places on the surface that it has received the names of the particular locality — thus *herpes labialis*, herpes preputialis, herpes capitis, etc. But for practical purposes it is enough to divide it into three varieties, viz.: H. phlyctenodes, H. zoster and H. circinatus. The first variety, *herpes phlyctenodes*, may occur on any part of the cutaneous surface, and usually, in twenty-four hours from the time of the burning and tingling sensation, the eruption makes its appearance, and the vesicles on the inflamed surface rapidly grow and sometimes become as large as a small pea, though the majority of them usually remain small; the patches vary in size from a shilling or half-dollar to patches the size of the palm of the hand; in three or four days the vesicles break, having a sero-purulent matter in them; these form crusts and scabs, which fall off, and a new set again appears to run through the same stage. In these cases the system is usually deranged, loss of appetite, foul tongue, aching of the bones, etc. I give a dose or two of hydrarg. chlorid. mite or comp. c. pills, with some vegetable tonic, and paint over the diseased spots tinct. iodine, to be followed by ung. hydrarg. nitratis. This treatment alone in this variety will usually effect a cure in eight or ten days. For herpes occurring on the lips, wash with a solution of sul. zinc in rose water, and apply ung. calaminæ. For herpes preputialis, keep the parts thoroughly cleansed and wash with black or yellow wash. And be sure your patient hasn't got *chancre*, for this would be a serious error. The diagnosis is plain, and any learned physician should be able to make it.

The next variety is *herpes circinatus* or ring worm. The diagnosis is easy, and the mild variety is usually of not more than twelve or fourteen days' duration; it mostly occurs on the neck, cheeks or face, but may occur any place. For years I have treated this variety with a saturated solution of sodæ boras in diluted acetic acid. This will remove it in nearly every instance, without any constitutional treatment. When it fails, tinct. iodine is usually all that is required.

The variety (if such it be) called herpes capitis, so much resembles porrigo that they are frequently blended and treated for the same disease. They are distinguished by the former being more circular, and the crusts not being so hard and friable, but both are stubborn and unyielding to treatment; but I have always found them to yield finally under the treatment laid down under the head of *porrigo scutulata*.

The last general variety I shall notice is *herpes zoster* or *shingles*. This type of the disease is supposed to originate from some perversion or lesion of the nervous system. It always occurs on the side of the thorax or abdomen, and occasionally you will find groups of it on the neck, and rarely ever down on the thigh. It comes on, as other varieties of this disease, with symptoms usually more

aggravated—heat, burning, pricking sensation, with redness where the spots are going to appear; and in twenty-four hours or less you will find groups or patches appearing distinct from each other, vesicular in form, rapidly running into *bullæ*, frequently many of them as large as a small pea, much resembling the appearance of small vesicles produced by emp. cantharidis before the blister is perfectly formed. It is astonishing, sometimes, the amount of constitutional disturbance the formative stage of this disturbance will set up. We not unfrequently have chills, fever, nausea, vomiting, biliary derangement, etc., with severe neuralgic pain, connected with burning, loss of sleep, etc. And even after the external disease is entirely removed, the severe burning and pain, with some persons, will continue for months, and sometimes years. This shows conclusively and certainly that the sentient portion of the nerves is seriously implicated. It is useless to spend time in describing this disease more minutely. Some eighteen or twenty years ago, when collodion was first discovered and brought prominently before the profession, it occurred to me that this was just the remedy for *shingles*, and I resolved the first case I had to give it a trial. Very soon the case came, and I used it *plentifully* and *successfully*, and with entire satisfaction. In fact, I must say it acted *charmingly*. Every case since that time has been thus treated by me, and always with success. If there is a specific in any disease, it is certainly collodion painted all over the eruption once or twice a day. I have never known it to fail in checking it and drying up the eruption. Sometimes it is necessary to heal up the ulceration left after the drying up of the *vesicles* and *bullæ* by a weak lead wash, and *ung. calaminæ*. Of course a mild alterative treatment is certainly demanded. I was so pleased with the treatment at the time, that I wrote an article for one of the Chicago Medical journals, and it was duly published; and I am now, gentlemen, happy to reiterate what I then wrote, and thereby corroborate my former experience.

Finally, let me say that no medical college could do a better thing for the general public, for their alumni, and pecuniarily for themselves, than to have wax casts of all cutaneous diseases in their museums, and a special chair established on dermatology. All the efforts made by Wilson, Neligan, and a host of others to have plates engraved to correspond with the real disease have sadly failed; but wax casts are immediately recognized. On visiting the museum of the New Orleans Medical College a few years ago, and seeing a cast of sycosis, I was perfectly struck with the *fac simile;* and any medical student would readily read the real from the cast.

Translations.

ON THE CREMATION OF THE DEAD.

From La Gazette Medic. de Paris, May 23, 1874.

MODERN science, in the name of public hygiene, proposes to revive the ancient practice of cremation of the dead, and sets forth excellent reasons for such a cause. These are: the prevention of injury to the living by the inhumation of corpses, and the rendering of soil, air and subterraneous water, as exempt as possible from pestilential germs.

It has been long proven that the terrestrial crust is porous; but the fact is not generally known that earth, sand, dust and pebbles, present interstices of such dimension, that the sum total of air and water which they contain, is almost equivalent to half their volume. This will seem the less surprising, if it be considered that even the densest substances, such as glass and porcelain, are easily penetrated by aqueous and aerial fluids. Thirty years ago, Brongniart discovered that porcelain was an unsuitable material for air thermometers, intended to register furnace temperatures. More recently, Salvetot has reported that enamelled porcelain was penetrable by color solutions, having an aniline composition. Still later, it was observed that the ordinary window glass of a Leipzig hospital, built several years ago, was permeable to water and air. The kitchen of this hospital was located in the basement, and protected against sudden changes of temperature, by strong double windows. The engineer of the establishment, on a warm day in August, carefully cemented the double rows of glass in these windows, which were separated from each other to the extent of about half an inch. To-day the cement has produced such perfect union, that, even with a lens, no interstice can be discovered, and yet water is interposed between the glass plates, to the extent of one-half of their elevation. Whence came it? Assuredly not through the fissures or cracks, for then it would have escaped by evaporation or filtering through the same passages. It is through the pores of the glass, exposed to the kitchen and slightly dilated by the warm air of that apartment, that the water has penetrated. Subsequently it has become condensed by coming into contact with the external parallel glass plates. Precisely such an event occurs upon the walls and ceilings of apartments which are chilled by outdoor air.

If, then, apparently impermeable bodies, such as porcelain and glass, are capable of being traversed by water and air, it is the less surprising that the terrestrial crust should be found to exhibit a greater porosity, and be capable of conducting to the living, by innumerable canals, the

deleterious gases emanating from bodies in a stage of decomposition. But, it may be asked, why are those not fatally affected, who, in consequence of the nature of their employment, are compelled to live in a medium which contains putrefying germs? First, it may be responded that, for the most part, they are like the brewers and butchers, who are provided with a free circulation of air in their establishments; and, second, that it is only of late that we have been able to detect the parasites that produce fatal disease, such as those engendered by decomposing substances among the wool-carders and brush manufacturers.

Irrefragable evidence of the mortality induced by cadaveric decomposition, is furnished by the fate of the conquerors of Hannibal. They paid with their lives, under the walls of Syracuse, for the sacrilegious insult offered to the besieged, when they profaned the tombs of their enemies, and scattered their contents over the plains. Quite as conclusive was the typhus endemic of the last century, occasioned by the exhumation of numerous cadavers at Riom, in Auvergne, and it was only thirty years ago that the dead were disinterred, which had been temporarily buried there. Years after, the soil of the ground which had served them for a cemetery, exhaled a disagreeable odor in humid weather. Riecke, in his work *On the Effects of Putrefaction*, to-day a classic, but almost forgotten book, relates a very instructive incident. In the village of Wurtemberg, a common school had been built, as an economic procedure, upon a deserted burial ground. When the winter arrived, the heat of the halls withdrew the air from the soil, and, soon after, masters and scholars being alike stricken down in consequenee of the pestilential emanations, it was found necessary to abandon the situation.

But that which demonstrates more fully than the air, the dangerous character of decomposing substances, is the subterranean water which we drink and bring to the surface by the aid of pumps. Wells are often carelessly dug without taking any precautions, and the water into which the pipe of the instrument is plunged, is consumed without anxiety. Such water may flow from a focus of infection,—perchance from contact with dead animal tissues—no one knows. It is rare that trustworthy information can be had on this point, for the direction of subterranean currents is unknown, except in the rare instances where sub-soil measurements have been made, as to the depth or height of the sea-water, which is to be found everywhere. Now, subterranean water is a vehicle as capable of transporting matter as the water of rivers or rivulets. There are abundant proofs of this. Pettenkofer discovered ammonia in subterranean water forty feet from the gas manufactory, where it was produced. In the last remarkable report of the Faculty of Medicine of Saxe, Reinhard relates that nine large, and several smaller victims of the cattle-plague, were interred at Dresden, at a depth of ten or twelve feet. It was found, the next year, that the water from a well, situate one hundred feet from the pit in which they were buried, had a fetid odor, and contained butyrate of lime. At a distance of twenty feet, it had the disgusting taste of butyric acid, and each quart contained about thirty

grains of this substance. The bodies were subsequently disinterred and burned. Foerster, in his studies upon cholera, at Sondershausen, published last year, gives examples of the distance to which impure matter may be transported by subterranean currents. Shortly after the erection of the gas works at that place, well-water, at a distance from them of more than 2,000 feet, had the taste and odor of gas, qualities which were retained until, by repairs, the waste of gas was prevented.

In the face of these results at these distances, of what use are regulations tending to isolate the cities of the dead from the cities of the living? What security is offered by the so-called "protective distance," which is, in Italy, but little more than one hundred yards, and double that in Austria and France? The Hygienic Council, summoned at Brussels in 1852, decided that a distance of four hundred yards was protective, but it has been proven that the radius of danger may extend five hundred feet further. No one can certainly say that putrid material cannot be transported by subterranean water to such a distance, and even, in certain cases, beyond that; and, surely no one could imbibe such water with impunity.

The sole remedy, then, for this evil, is to make sure that the soil contains the fewest possible elements of impurity. This precaution is, above all, essential in cities. In those large centres, where there is a dense population, human industry has, thus far, hardly commenced to learn how to utilize accumulations of fetid material, and public authorities, even with the best of intention, cannot do justice to the claims made upon them. Public hygiene becomes daily more urgent in its demands. It is under the necessity of searching for all methods, by which to satisfy them, and one of these, undoubtedly, is the cremation of dead bodies.

Inhumation and cremation do not essentially differ. In both, the atoms of bodies combine with oxygen and air; in both, the final products of decomposition are carbonic acid, water and ash. But, in the first case, several years and the intervention of other agents are requisite: and here lies the danger to the living, which science must put away.

The technical result to be obtained is the resolution, as speedily as possible, of the organic substance of bodies, into the final and inoffensive products of combustion, and to avoid all intermediate reactions which offend the nostril and injure the health. On the other hand, there are humanitarian considerations of importance. The procedure should produce no disagreeable impressions upon survivors, and should accord with that reverent respect due to the mortal remains of those who were dear to us in life. Let us examine the method by which these ends are to be attained:

Pyre cremation will not suffice: since the burning of the Dresden animals in 1871,—referred to above—which was accomplished under the surveillance of competent authorities, required thirty-six hours in one instance, and twenty-four in another—the materials used having been fagots of wood and bundles of straw saturated with tar. At the close of the operation, the bodies were not completely reduced to cinders, but merely

carbonized. This was all that was accomplished. The quantity of wood consumed was not stated.

To burn the corpse of a beloved relative during the hours of an entire day, and then to discover, after no little expense has been incurred, that the remains are only converted into charcoal, cannot be a pleasant experience. The funeral pyre will surely not suffice.

A more acceptable device is suggested by Dr. G. Polli, of Milan—"the gas-pyre." The body, in this arrangement, is introduced into a cylindrical cage made of large wire, placed upon a metal basin, and covered with a thin layer of calcined clay, a portion being spread over the superior surface of the body, and a portion resting upon the plate beneath. Between this envelope and the bars of the cage, two or three parallel circular tubes are disposed horizontally, one above the other. Numberless jets of flame escape from the latter which are supplied with air through apertures made in the edge of the basin. The attendance of the friends of the deceased upon such a cremation, would not be more distressing than at an ordinary burial; but the inventor acknowledges that other senses than that of vision are liable to be affected during the operation, and this fact alone should condemn his procedure.

Brunette, Professor of Anatomy at Padua, prefers the pyre, which he surrounds with walls. The cadaver is then placed upon an apparatus of iron, furnished with two oblong covers of cylindrical shape, which completely enclose the body, and prevent the dispersion of the flames, which are, however, permitted to escape through a longitudinal fenestra made in each cover. According to Brunette, the carbonization of the corpse is accomplished in two hours and a half; it is then reduced to fragments, and submitted to the same action for two additional hours, when white cinders are obtained.

The bones which were exhibited at the Vienna exposition were white, but their fracture was sharp and smooth. From a man weighing ninety pounds, only a little more than four pounds of ash was obtained, after the consumption of 160 pounds of wood. Brunette, therefore, should be credited with having experimentally demonstrated that the cremation of bodies is possible without incurring an inordinate expense. But the actual practice of this operation, and especially the necessity it involves of reducing the carbonized body to fragments, would be repulsive to the feelings of families who might make use of it.

Professor Gorini, of Lodi, operates differently. He first fuses a substance, whose composition is secret, and then immerses the body in the flames of the ignited and boiling liquid. In a work which was published but a few days ago (*Cremation Viewed as a Rational Method, by which to Discharge our Final Duties to the Dead. Zurich: Cæsar Schmidt*), Wegmann Ercolani translates the account of an Italian who witnessed this procedure. We select, for reproduction, the following passage: "Gorini, as soon as the liquid was in ebullition, seized a leg, a foot, a hand, a thigh, and, finally, the head of a human body, extended upon the earth. Each of these parts, as soon as it came into contact with the boiling liquid,

burned with a brilliant flame, and, at the end of a brief time, was completely destroyed. The gas and smoke which escaped from the crucible were soon lost in the surrounding atmosphere, and, while the decomposition rapidly progressed, the assistants were unable to detect the slightest odor." This entire mass, therefore, which represented at least the quarter of a cadaver, was burned without noise or odor in an iron crucible, and within a closed laboratory. The account is silent respecting the duration of the cremation and the quantity of the cinders. The results stated, if they be confirmed, indicate that the procedure is well worth recommendation, on account of its simplicity. But while the composition of the liquid employed remains a mystery, it will be impossible to decide as to its merits. We must search for a still different process.

To me, the most satisfactory solution of the problem is the process by *regenerative heat*, to which my attention was first attracted at the universal exposition of 1867, and whose admirable results I have noted in several laboratories. Of all methods, this provides for the most elevated temperature and the greatest decency; that, too, in a space which, while it is sufficient for the emergency, is smaller than that requisite in the other procedures.

In the regenerative system, invented by C. W. and Fr. Siemens, the calefaction is produced by illuminating gas, and requires three distinct agents: a generator, a regenerator, and a chamber, where a given object is submitted to a high temperature, disintegrated and burned. The generator consists of a species of brick oven, in which peat, wood, or charcoal is laid upon a grate and burned. The access of air is limited so as to produce a gas, which is generally a mixture of oxyd of carbon, nitrogen and carburetted hydrogen. This escapes from the generator at a temperature of 150 to 200° C., and then enters the regenerator. The latter is a cube-shaped compartment, with external walls of hard stone, and an interior, crossed by horizontal and vertical walls, arranged in the figure of a grating. This internal masonry becomes highly heated by contact with the combustible gas, which finally enters the combustion-chamber, whence it escapes by a lofty chimney. By the side of this combustion-chamber, a second regenerator is fixed, with grated masonry similar to the first, through which the super-heated air passes to the chimney, and whither the combustible gases are introduced at will, as soon as the first regenerator has attained a red heat. Finally, the air and gases raised to a white heat are introduced into the combustion-chamber, either separately or together, where, by renewing the circulation, they double the heat of the stones, adding to it that of the flame, and occasion an indefinite elevation of temperature. This process is the most expeditious known to me. The opinion of those whom I have consulted in the matter is in accord with my own.

I have had the good fortune to secure the services of two gentlemen who have taken an active interest in this question, and who, with great kindness, have offered me their assistance. M. Steinmann, of Dresden, author of an instructive work on "the Regenerative Process, and the Mode

of its Employment," constructed for me, in September, of 1873, an apartment for the dead immediately above the combustion-chamber, from which the bodies are lowered for consumption by the super-heated gases. M. Fr. Siemens, also of Dresden,* improved this new arrangement in December, of 1873, by contriving a more perfect closure of the combustion-chamber. He thought he should also be able to dispense with one of the regenerators. These are not, however, all the improvements which will be supplied; and, were the principle of the process adopted in practice, I should myself propose certain modifications of its details.

Of all modes of cremation, this is the simplest and most satisfactory to the bereaved. Before the friends of the deceased assemble, the body is lowered, with or without coffin, into a confined and empty space, destitute of any other contents. The corpse comes in contact only with air raised to a white heat, whose oxygen at once combines with the atoms of the organic tissue. It burns odorless in this ardent medium, as a candle is consumed without odor in the open air. The ash alone remains, unmingled with any foreign body. The combustion is so perfect that, up to the present time, I have never been able to discover in the return chimney, the pressure of vapor or smoke. Heated air alone escapes.

We propose to publish more fully, at a later date, the results of the experiments which we are together conducting. Thus far, the figures representing the duration of the operation, and the attendant expense, must be accepted with a certain reserve; but one thing is assured, and that is, that the problem which medical science proposes can be solved, if we persevere. The method which I advocate reduces the body with great promptness to an inoffensive residuum, does away with all disagreable impressions upon the bereaved, and accords perfectly with that respect which relatives and friends entertain for the precious remains of those for whom they mourn.

J. N. H.

* Herr Freidrich Siemens has constructed furnaces for combustion of bodies, according to the process described above, which have been tested with satisfactory results since the publication of this article in the *Gazette*. The cost is estimated at $1,250.00, and the time requisite for the cremation of a human body, one hour. On the 3d of June last, two hundred weights of animal tissue were consumed in one hour and a half, and reduced to to white ashes without sound or smell, at an expense of about 75 cents.

Dr. E. S. Gaillard has started a new journal entitled *The American Medical Weekly*. *The Northwestern Medical Journal* has been discontinued.

The Council of the British Medical Association has decided in favor of a grant of two hundred pounds to be spent in original researches.

Lactation Late in Life (*Atlanta Med. and Surg. Journal*, July, 1874). —Dr. T. S. Hopkins reports two cases of the return of the functions of the mammary glands after a cessation of seventeen and eighteen years. Both women suckled their grandchildren, one of them being over sixty years of age at the time.

Society Reports.

A SHORT SYNOPSIS OF THE LAST ANNUAL MEETING OF THE MILITARY TRACT MEDICAL ASSOCIATION.

THE 8th annual meeting of the Military Tract Medical Association convened pursuant to adjournment at Kewanee, July 14th. The meeting was held in the Presbyterian church. Although hardly the usual number of members were present, the reports from the several committees were full, and the time did not permit all the papers to be read. The valedictory address of M. A. McClelland, of Knoxville, the retiring President, "Medicine—Past and Present," was distributed among the Association in pamphlet form. Wm. Hamilton, of Galesburg, was elected President for the ensuing year; A. C. Babcock, of Galva, and J. F. McCutcheon, of Norwood, as first and second Vice Presidents; Herbert Judd, of Galesburg, as Secretary and Treasurer. Dr. Nance, of Kewanee, presented several cases under surgical treatment, and also read a paper upon skin diseases. This paper was accepted with a vote of thanks from the Association, and referred for publication.

Dr. McCutcheon gave a written and verbal report of cases under treatment. For the want of time this report did not receive the discussion it seemed to require.

Dr. Scott, of Galesburg, sent a report as Chairman of the Committee on Obstetrics and Diseases of Women. This paper, read by the Secretary, was received by a vote of thanks. Accompanying Dr. Scott's paper was a report sent him of the Scalf case, prepared by Dr. J. T. Stewart, of Peoria. This report was very much to the favor of Dr. Lucas, the attending physician in this case, and was also written in a manner to criminate Dr. Skinner, of Peoria, the consulting physician in this case. The paper from Dr. Stewart was read by the Secretary, and as the members present wished to see fair play, Dr. Skinner, who was present, was requested to give his statement of the case, at the close of which, after a lengthy discussion, the following resolution was adopted:

WHEREAS, A report on Obstetrics and Diseases of Women has been sent into our Society, to be read by one of our number, and at the close of said report an attempt has been made to make public a case not within the jurisdiction of our Society relating to this branch of medicine; therefore, We, the members of the Military Tract Medical Association, assembled at Kewanee, this 14th day of July, 1874, do most seriously deplore the course taken by a number of our profession of Peoria in sending such statements to the Chairman of Committee on Obstetrics, and we hereby request of said Chairman an explanation of the reasons which prompted his action in the premises.

Prof. A. D. Williams, of St. Louis, who had been invited to be present by Dr. L. S. Lambert, of Galesburg, was made an honorary member of the Association. Also, at the request of

the Association, Prof. Williams gave a short report from his branch of the profession, and also gave the history of a few cases. This report was received by the Association with a vote of thanks and referred for publication.

Other reports which had been prepared were not presented, for want of time.

After the appointment of the several committees to report at the January meeting, and the usual miscellaneous business, the Association adjourned, to meet at Galva on the second Tuesday in January next.

At the next meeting of this Association action will be taken to have but one meeting each year, with two or more days session. This Association has over one hundred active members, and one day is too short a time to meet the present requirements.

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING, JULY 20, 1874.

Reported by Will. T. Montgomery, M.D.

THE Society met as usual in the parlor of the Galt House, the President in the chair. In the absence of the Secretary, Dr. Graham was elected Secretary *pro tem.*

Dr. A. B. Strong read a paper on the Pulsation of the Fœtal Heart, Dr. D. A. K. Steele presenting a supplementary report. On motion, it was agreed that both papers be published in full in the report of the Society.

Dr. C. M. Fitch said he had made eleven examinations with a view to determine sex, and that he had predicted correctly in nine cases. When the pulsations were over 140 per minute, he predicted the birth of a female child; when under 130, that of a male infant. A rate between these numbers he concluded insufficient as a basis upon which to form a conclusion. He thought a stethoscope with a metallic bell preferable in these examinations. Dr. Paoli could not see any practical importance in determining the sex of the fœtus. He was not aware that the sex made any difference with regard to preparing clothing, etc. He could see how it might be of importance to crowned heads to know the sex before birth, in that they might be prepared to celebrate the birth of prince or princess, as the case might be. Dr. Bridge said that while the determining of sex may not be of practical importance, the facts which may be gained in reference to the health and presentation of the child and the condition of the placenta are of much importance.

Dr. T. D. Fitch—We may very well say that these investigations are of no practical interest, but they are of much scientific interest. He did not think it practically important to determine before birth the condition of the child or placenta, as the physician should be prepared for any emergency that might arise.

Dr. Seely—It may not be necessary to determine the sex before

birth, but if we are able to do this we may thus gain the confidence of our patient, which is often an acquisition of great importance.

Dr. Montgomery had made examinations in a number of cases with reference to determining sex, and was generally correct in predicting the birth of a female child when the pulsations were over 130, and that of a male child when they were under 130.

Dr. Strong said that in the first eight cases which he had examined he was correct in predicting the sex, and he thought a greater number of cases were required if we wished to aim at conclusions of value. He referred to a case of contracted pelvis, reported by Dr. Wilson, in which the determining of sex in utero was of practical importance. Dr. Steele thought the determining of sex in utero might be of value in a medico-legal point of view.

Dr. Van Buren wished to know if there is any truth in the theory that gestations of mothers carrying male children are longer than those carrying female? He also wished to know what effect protracted labors have upon the fœtal pulsations? Dr. C. M. Fitch had seen a child delivered after a protracted labor of forty hours. The child proved to be idiotic and he thought this was the result of the long continued pressure. Dr. Stillians had seen a similar case, and thought the injurious effect of continued pressure was an argument against the use of ergot. Dr. T. D. Fitch said, in reference to the length of gestations, he had observed that those of mothers carrying male children were longest, and if gestation was prolonged beyond term he was generally correct in predicting the birth of a boy. Dr. Quine did not know that much reliance could be placed on the duration of gestation. He had made a number of observations in reference to determining sex by auscultation, and had usually been correct. The position could not be so readily determined by this as by external manipulations. He thought inflammation of the placenta could be ascertained by repeated auscultations.

Dr. Bartlett—An exceedingly slow pulse, as low as seventy or eighty, is very unfavorable to the child, and when it is observed, delivery should be effected as soon as possible. He had been summoned within the last week to attend a lady five miles distant, and when he arrived at the house he learned that she merely desired information as to the sex of her future child.

Dr. Foster did not believe the duration of gestation was a decided indication as to sex. He had recently attended a lady on the 285th day of gestation and delivered her of a female infant.

Dr. Bridge gave an explanation of the marked influence the contractions of the uterus exert over the fœtal pulsations. He thought the great diminution in the number of pulsations at the moment of greatest contraction was due to the interruption of the circulation, so that the blood in the placenta and fœtus became noxious from nonæration. The Society then adjourned.